

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 - 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>52 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>813 S. Crane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 813 S. Crane</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>LeRoy</u>	c. (Last) <u>Rohrs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1954</u>
---	--------------------------	------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 16, 1902</u>	9. AGE (In years last birthday) <u>52</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe fitter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---	---

13a. FATHER'S NAME <u>Herman Rohrs</u>	13b. MOTHER'S MAIDEN NAME <u>Laurana Yale</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Rohrs</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486 03 0890</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ova Rohrs, Independence, Mo.</u>	ADDRESS _____
--	--	--	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	ANTECEDENT CAUSES <u>Occultation. Sudden death</u>	<u>minutes</u>
	DUE TO (c) <u>Coronary Arteriosclerosis</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Oct. 18, 1954, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 18, 1954, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shack Grasse</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>10/10/54</u>
------------------------------------	-------------------------------	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 22 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLUE SPRINGS</u>	24d. LOCATION (City, town, or county) (State) <u>BLUE SPRINGS, MO.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-22-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
--	--	---	----------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 16 1910

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *La Vega E. Brown*
Licensed Embalmer No. *47*

P. O. Address *Indep*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.